IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

September 4, 2012

Mr. Rollie Peterson, Vice President
Gardens at Friendship Haven
420 Kenyon Road
Fort Dodge, IA 50501

**RE: Final Recertification Monitoring Evaluation Report – Gardens at Friendship Haven, Fort Dodge, IA**

Dear Mr. Peterson:

Enclosed is the **Final Recertification Monitoring Evaluation Report** completed by the Department of Inspections and Appeals (DIA) in accordance with Iowa Code chapter 231C and Iowa Administrative Code (IAC) chapters 481—67 and 481—69.

DIA has completed the review of your Plan of Correction (POC) in response to the **Preliminary Recertification Monitoring Evaluation Report**. Based upon a complete review of the Report and your actions to correct the identified Regulatory Insufficiencies, DIA accepts your POC. The Request for Reconsideration has been denied. 481 IAC chapter 69.32(2) states operating alarm systems shall be connected to each exit door in a dementia-specific program. These rules were effective January 2010. The Final report is enclosed.

The review of the recertification documents you submitted has been completed and the documents are accepted. In addition, the State Fire Marshal's (SFM) inspection report has been received as well as the Facility Engineer's approval of the Evacuation Plans for your program.

Enclosed you will find the Assisted Living Program Certificate **S0198** for **River Ridge and Gardens at Friendship Haven** with effective dates of **September 4, 2012** through **October 21, 2014**.

If you have any questions in regard to this certification, please contact me at 515/281-4116.

Sincerely,

*Jim Berkley*

Jim Berkley
Program Coordinator
Adult Services Bureau

Enclosure

# IOWA DEPARTMENT OF INSPECTIONS AND APPEALS
## Assisted Living Program
## Final Recertification Monitoring Evaluation Report

**Assisted Living Program:**

Rollie Peterson, Vice President
Gardens at Friendship Haven
420 Kenyon Road
Fort Dodge, IA 50501

**Date of Monitoring Visit:**

August 9, 2012

**Monitor(s):**

Lori Miner, RN BSN

**Definitions:** ***The following definitions are relevant:***

**Assisted Living Program** – A program certified under 481 IAC 69 that provides housing with contracted services to three or more tenants in a physical structure that provides a homelike environment. Services may include but are not limited to health-related care, personal care, and assistance with instrumental activities of daily living. A General Population Program is an Assisted Living Program that is not dementia-specific but may have tenants with cognitive disorder.

**Dementia-Specific Assisted Living Program -** An assisted living program certified under 481 IAC 69 that serves fewer than fifty-five (55) tenants and has five (5) or more tenants who have dementia between Stages 4 and 7 on the Global Deterioration Scale (GDS), or serves 55 or more tenants and 10 percent or more of the tenants have dementia between Stages 4 and 7 on the GDS, or holds itself out as providing specialized care for persons with dementia, such as Alzheimer's disease, in a dedicated setting.

**Regulatory Insufficiency** - A violation of a statutory or rule provision within the Code of Iowa (2011) or the Iowa Administrative Code (IAC) governing assisted living programs. A regulatory insufficiency requires a plan of correction to be presented to and approved by the Department of Inspections and Appeals (DIA).

**Plan of Correction** - A written response to one or more regulatory insufficiencies that are statutory or rule violations. The plan should identify how and by what date each regulatory insufficiency will be corrected, and what measures will be taken to ensure the problem does not recur. The plan is due to DIA within ten (10) working days of the program's receipt of a Complaint/Incident Investigation Report. Depending on the circumstances, DIA may revisit the assisted living program to confirm progress in fulfilling a plan's corrective measures.

**Overview**: ***In preparing this report, the following information was considered:***

**Current Program Census**

Assisted Living Programs are defined by the type of population served. The census numbers were provided by the Program at the time of the on-site.

| **General Population Program** | |
|---|---|
| Number of tenants without cognitive disorder: | 16 |
| Number of tenants with cognitive disorder: | 2 |
| Total Population of Program at time of on-site | 18 |

| **Dementia-Specific Program by Dedication** | |
|---|---|
| Number of tenants without cognitive disorder: | 17 |
| Number of tenants with cognitive disorder: | 13 |
| Total Population of Program at time of on-site | 30 |

| | |
|---|---|
| **TOTAL census of Assisted Living Program** | 48 |

**Tenant/Family Satisfaction Results** – A meeting was held with five tenants. The best thing about the Program was the security. Housekeeping was completed to the tenants' satisfaction both in apartments and common areas. Maintenance responded to requests for assistance quickly. According to tenants staff responds to requests for assistance in less than five minutes. Staff members were described as excellent, courteous, and willing to help. Staff members know what services to provide. The food was described as good with a variety of meats, fruits, and vegetables served. There were enough activities offered with no suggestions given for future activities. The tenants felt safe at the Program and would generally recommend it to others.

**Program History** – The program did not receive any regulatory insufficiencies during this certification period.

**On-Site Monitoring Evaluation** – The monitor(s) made observations detailed in the following areas.

**A. Medications**

Monitoring Observation: A medication pass was observed. At approximately 11:05 a.m., Staff #1, a Universal Worker, was observed administering eye drops to Tenant #1. Staff #1 applied gloves from a box, used gloved hands to open a cupboard, get the medication box, use keys to open the box, and get the eye drop bottle. The gloves were not changed prior to the administration of the eye drops. Eye drops were administered without checking the medication administration record (MAR) first. The gloves were removed and hands were not washed.

At approximately 11:13 a.m. Staff #2, a Certified Medication Aide (CMA) was observed performing a blood sugar check on Tenant #2. Staff #2 washed hands, used hand sanitizer and then applied a glove to one hand. Tenant #2's blood sugar was checked with the finger poke and blood applied to the test strip by Staff #2.

The result indicated Tenant #2 required a dose of insulin and the MAR was checked for the dosage. Staff #2 proceeded to obtain the insulin pen and prepare it for use by Tenant #2. Tenant #2 self-injected the insulin. With the hand still gloved, Staff #2 proceeded to look for a pen and document on the MAR. The glove was eventually removed and hands were washed.

At approximately 11:23 a.m. Staff #2 was observed administering eye lubricant to Tenant #3. Staff #2 washed hands upon entering the room. Gloves were applied. With gloved hands Staff #2 handled the buttons for the electric chair, removed Tenant #3's glasses, used a tissue to clean the lubricant tube and then administered the lubricant to the eyes. The gloves were removed and Staff #2 did not wash hands until reaching the next tenant's apartment.

Staff #3 was observed administering eye drops to Tenant #4. The MAR was checked for the eye drops to be given. Staff #3 retrieved both gloves and a hairnet from their pants pocket and applied the gloves. The hairnet was returned to the pocket. The eye drops were administered. With gloves still on, Staff #3 documented on the MAR and locked and stored the medication box. The gloves were removed and Staff #3 proceeded to the kitchen to wash hands.

The Program provided documentation from staff training on eye drops which included instruction that after the eye drops were administered, gloves were to be removed and hands washed.

Staff members were observed using gloves for the purpose of administering medication to the eye and for a blood sugar check. Gloved hands were used to touch surfaces, contaminating the gloves, prior to the administration of medication. Clean gloves were not always used in the administration of eye mediation. Gloves were not immediately removed after medication administration or the handling of a blood sugar monitor, and contaminated gloves were used to touch other surfaces. Hand washing was not consistently done.

Regulatory Insufficiency: When medications are administered traditionally by the program: (a) The administration of medications shall be provided by a registered nurse, licensed practical nurse or advanced registered nurse practitioner registered in Iowa or by unlicensed assistive personnel in accordance with requirements in 655—Chapter 6 governing nurse delegation. (IAC r. 481-67.5(6)(a))

**B. Exit Door Alarm System**

Monitoring Observation: The Gardens at Friendship Haven consists of three neighborhoods. Two of the neighborhoods are dementia units with a shared, gated courtyard in between. A tour of the Program was taken with the registered nurse (RN). The entrance doors to each unit from the general portion of the building were alarmed and the doors equipped with a 15-second delay for exit. A keypad was also available for exit from the units. The walls to each unit facing the shared courtyard contained a large bank of windows as well as doors leading to the courtyard. The courtyard had gates secured with locks. The RN reported staff members had keys to the locks. The doors exiting the building to the courtyard were not alarmed.

The RN reported the opening of the doors was not tied to the pager system. This monitor exited or entered through the doors and no alarm sounded.

Staff #3 and #4 were interviewed and stated a staff member was in the dining room or kitchen all the time and tenants in the courtyard were observed through the window. Tenants were not allowed to sit outside for long periods of time in hot weather. Tenants outside have been offered fluids in warmer weather. Staff #3 reported there are no tenants at this time who are trying to get out or want to spend long periods of time in the courtyard.

The RN reported the doors from the building to the courtyard were locked when only one staff member was in the dementia unit.

Incident reports provided by the Program for the last three months did not document any injury to tenants related to the courtyard.

The doors in the dementia units leading from the building to the secured courtyard were not alarmed.

Regulatory Insufficiency: An operating alarm system shall be connected to each exit door in a dementia-specific program. (IAC r. 481-69.32(2))